

MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS DIVISION OF EMPLOYMENT SECURITY

P.O. Box 888 Jefferson City, MO 65102-0888

Missouri Quarterly Wage Report CONTINUATION SHEET

| Print in this space employer's name and account number as shown on Form MODES-4 Missouri Quarterly Contribution and Wage Report Calendar Quarter/Year | | | | | | | |
|--|---|----------|---------|---------|-----------------------------|-----------------------------------|------------------|
| | | | | | | Type or print | in ink |
| | | | First | Middle | 17. Worker Name (Last Name) | 18. Total Wages Paid This Quarter | 19. Probationary |
| | | <u> </u> | Initial | Initial | , , | , , , | |
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| 20. PAGE | (| DF P. | AGES | | TOTAL THIS PAGE | | |

Be sure that each page carries employer's name, account number, page number and calendar quarter and year.

Return the original completed form to the Division of Employment Security, P.O. Box 888, Jefferson City, MO 65102-0888.

Retain copy for your file.